PART B - FEE(S) TRANSMITTAL Mail Stop ISS FIFE Complete and send this form, together w applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (703) 746-4000 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification c I hereby certify the Issue Fee is being hand-delivered to the Issue indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new co maintenance fee notifications. Fee Branch, Assistant Commissioner of Patents, Washington, CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) D.C. 20231 on the date indicated below he ing ust Printed Name: 09/16/2004 21567 7590 WELLS ST. JOHN P.S. 601 W. FIRST AVENUE, SUITE 1300 Signature: pe SPOKANE, WA 99201 10/28/2004 NNGUYEN2 00000082 09851634 1370.00 DP 01 FC:1501 300.00 OP 02 FC:1504 15.00 OP 03 FC:8001 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/851.634 05/08/2001 M122-1704 4400 Alan R. Reinberg TITLE OF INVENTION: MICROELECTRONIC DEVICE FABRICATING METHOD, INTEGRATED CIRCUIT, AND INTERMEDIATE CONSTRUCTION **SMALL ENTITY ISSUE FEE PUBLICATION FEE** DATE DUE APPLN, TYPE TOTAL FEE(S) DUE NO \$1330 \$300 \$1630 12/16/2004 nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** WILLIAMS, ALEXANDER O 2826 257-751000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Wells St. John P.S. (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Mieron Technology, Inc. Boise, ID Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the tasked was, or credit any overpayment, to Deposit Account Number 23-0925 (enclose an auto-count file tasked was to consider the file tasked with the file tasked was to consider the file tasked was to consid Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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Authorized Signature James F. Lake

Registration No. 44,854

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